

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10/623751

FILING DATE

APPLICANT(S)

2/1/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	* 2/1/05 *		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		/				
TOTAL DEP.		52				
TOTAL CLAIMS		53				